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Sue Z. Shaper

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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/586,767 TRANSMITTAL Filing Date Jul 20, 2006 **FORM** First Named Inventor **Dutchover III, David Art Unit** (to be used for all correspondence after initial filing) **Examiner Name** Attorney Docket Number Total Number of Pages in This Submission 50288 **ENCLOSURES** (Check all that apply) After Allowance communication to (TC) Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Amendment / Reply Petition Under CFR 1.47 (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final **Proprietary Information Provisional Application** Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please identify **Extension of Time Request** Terminal Disclaimer below): **Express Abandonment Request** Request for Refund Information Disclosure CD, Number of CD(s) Statement Landscape Table on CD **Certified Copy of Priority** Document(s) Remarks Reply to Missing Parts/ It is believed that no request for extension of time or fees are due. Notwithstanding, the Incomplete Application Commissioner is authorized to charge any additional fees incurred or credit any overage to Deposit Reply to Missing Parts under Account No.50-1753 (50288). Please regard this as a further request for extension of time to the extent one is needed. (Customer Account Number 22929) 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature Printed name Sue Z. Shaper Date September 19, 2006 31663 Reg. No. CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage via Express mail EV 785080814 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Signature

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STATEMENT BY APPLICANT	First Named Inventor	Dutchover III	
	Art Unit		

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Examiner Name

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		Application Number			
		Filing Date			
		First Named Inventor	Dutchover III		
		Art Unit			
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Sheet	2	of	2	Attorney Docket Number	50288

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Examiner Initials*	charminer nitials* Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.					
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